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DANB-OSAP Infection Control Training Needs Analysis

EXECUTIVE SUMMARY

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Executive Summary

Serious breaches in infection control in dental settings have occurred in recent years. Following existing federal standards, federal and national guidelines, and federal and state regulations for infection control in dental settings can prevent such incidents—if they are followed properly and consistently by dental healthcare professionals (DHCPs) who are adequately trained to do so.

The Occupational Safety and Health Administration (OSHA) requires that all dental settings provide annual training in infection prevention, control, and safety for their personnel, and the Centers for Disease Control and Prevention (CDC) provides guidelines and resources for good infection control practices. However, there is no way to ensure that training in infection control in dental settings is carried out, and that it is effective and results consistently in intended health outcomes. There is also no way to monitor if those who deliver infection control training in dental settings are qualified to do so and have the appropriate resources at their disposal to do so effectively.

Recognizing the many challenges to effective, far-reaching infection control education and training in the dental field, the Organization for Safety, Asepsis and Prevention (OSAP) and the Dental Assisting National Board (DANB), two national organizations with a commitment to safe dental healthcare delivery, formed an Infection Control Certificate/Certification Steering Commission (ICCCSC) to examine the current state of education in dental infection control. The combined forces engaged Learn Ethos, a learning strategy and development company, to conduct a training needs analysis in dental infection control to:

- Examine and define the needs of the learner populations who may seek to complete an educational program in dental infection control
- Identify highly relevant, up-to-date content that focuses specifically on the health and safety of dental teams and the public they serve, and that is in compliance with federal standards, federal and national guidelines, and federal and state regulations in infection control in dental settings
- Determine how they might leverage existing educational content where possible, with seamless integration with new content, resulting in a fluid (vs. disjointed) learner experience
- Identify the delivery modalities that best meet the intended learning outcomes and needs of the learner populations served by the program
- Establish methods for ensuring the program offers Instructionally sound education steeped in the principles of adult learning

Methods

We employed three primary methods to collect data and execute the needs analysis:

- A **quantitative** learner survey of more than 1,700 stakeholders and potential learner cadres, including dental healthcare professionals, educators, consultants, industry representatives, and state dental board investigators/inspectors and executives
 - The survey featured branched navigation, to survey familiarity with CDC *Guidelines for Infection Control in Dental Health Care Settings (2003)* (“CDC Guidelines”), CDC’s *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (2016)* (“CDC Summary”), current training methods and sources in infection control, learner styles and technology preferences, and other quantifiable variables specific to different survey populations
 - We also reached out to different practice settings, including solo practices, large/corporate group practices, government facilities, dental schools, and educational institutions
- **Qualitative** research via subject-matter expert interviews with representatives from multiple stakeholder groups, including:
 - Educators
 - Consultants
 - State dental board executives and those who conduct investigations/inspections on their behalf, reaching out to multiple states across all of the geographic regions of the United States
 - Industry representatives from both manufacturing and dealer/distributors
- **Gap analysis** of available educational content, via review of current courses and content available from OSAP, CDC, the DALE Foundation (DANB’s official affiliate) and other entities

Recommendations

A common theme that emerged in this process is the need for accessible, practical education and training offerings and resources that fill gaps in knowledge, skills, and abilities without taxing valuable resources, both financial and human (i.e., requiring personnel time away from revenue-generating chairside time).

Upon our completion of the needs analysis phase of this engagement, we recommend developing a cohesive education and training program that takes the following into account:

- Lack of standardized education and training protocols for all aspects of infection control in dental settings (not just OSHA regulations)
- An increasingly vast amount of content available in the public domain from multiple, disparate sources, varying in quality, focus, organization, and relevance

Developing a comprehensive, baseline educational program can also help to expand the reach and efficacy of those who already serve the infection control education and training needs of

our primary learner populations, including educators, consultants, industry representatives, state dental boards (including investigators and inspectors), and other state regulatory agencies.

The overarching recommendations are for an educational offering designed to:

- Consolidate, curate, and combine content from the multiple, high-quality sources to create one cohesive, targeted program, with digital bridges to other sources for deep-dive and more advanced training as appropriate for different functional roles
- Target the program broadly to all DHCPs instead of segmenting for different audiences, with the assumption that infection control touches every staff member in a dental practice, and as such, every DHCP should possess the same baseline knowledge covered in the program
- Commit to keeping the program up-to-date, with specific, defined strategies and tactics for updates and maintenance
- Integrate on-the-job (OTJ) training and performance support tools in the program, to potentially include existing and new assets to be developed
- Create a technologically innovative educational offering that can be completed primarily asynchronously, online, in short segments
- Select delivery modality(ies) that can reach the largest number of learners and that allows for rapid development to satisfy the urgent need that exists for high-quality, affordable, broadly applicable education in dental infection control